	<del></del>	7				<del>ر</del>	<u>ر</u>					
PATENT APPLICATION FEE DETERMINATION RECO							Application or Docket Number  10/069507					
CLAIMS AS FILED - PART I						SMAL	<del></del>	1717Y	96			
TOTAL CLAIN	(Column 1) (Column 2)				TYPE			OF		ER THAN L ENTIT		
FOR		4				RATE		FEE	]	RATE	FEE	
		100			BER EXTRA	BASIC FE			OF	BASIC FE	E 890	
TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS		// minus 20= *		*		X\$ 9=			OR	X\$18=		
					X42	?=		OR	X84=	1		
MULTIPLE DEP	RESENT				+140	)=		OR	+280=	1		
If the differen	less than a	less than zero, enter "0" in column 2			TOTA	AL		OR		890		
CLAIMS AS AMENDED - PART II							L		1 <sub>OU</sub>		THAN	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMA	LL E	NTITY	OR		ENTITY	
Total	REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA	RAT		ADDI- TONAL FEE		RATE	ADDI TIONA FEE	
Total	* 45	Minus	** 2		= 25	X\$ 9	=		OR	X\$18=	450	
Independent	* 3 SENTATION OF MI	Minus	I	3	= -	X42=			OR	X84=		
	ZITITUTO TOTAL	JETH LE DE	FENDENT	CLAIM		+140:			OR	+280=		
			<u>.</u>			TOT ADDIT, FI	AL			TOTAL	150	
(Column 1) (Column 2) (Column 3)							EE <b>[</b>		10.17	ADDIT. FEE		
Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
Independent		Minus	***		=	X42=	$\top$		OR	X84=	-	
FIRST PRESI	ENTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		140	╁		r		<del></del>	
	•					+140=		—-	OR	+280= TOTAL		
	(Column 1)		(Cal	0)	(0.1 a)	ADDIT. FE		(	OR A	DDIT. FEE		
	CLAIMS REMAINING		(Column HIGHES	T	(Column 3)		T 4	001	-			
Total Independent	AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
Total	-	Minus	**		=	X\$ 9=			OR	X\$18=		
Independent FIRST PRESE		Minus	###	1	-	X42=	1		OR -	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						+140= TOTAL				TOTAL		
II ule Hignest Nu	mber Previously Paid ther Previously Paid	For IN THIS	SPACE IS IA	se than	3. onter "3."	ADDIT. FEE	<u> </u>		PR AE	DIT. FEE		